



001888.0001 (ACU-101)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Application of:

Telfair et al.

Serial No.: 09/307,988

Filed: May 10, 1999

)  
)  
)  
) Group Art Unit: 3739  
)  
) Examiner: D. Shay  
)

For: **SHORT PULSE MID-INFRARED  
PARAMETRIC GENERATOR FOR SURGERY**

Assistant Commissioner for Patents  
Washington, DC 20231

AMENDMENT UNDER 37 C.F.R. § 1.111

Sir:

In response to the Office Action dated January 3, 2001, please amend the  
above-identified application as follows:

IN THE CLAIMS:

Please cancel Claims 24 and 25 without prejudice.

Please replace original Claims 17-19, 21, 26-28, 33, 36, 39 and 41-44 with the  
following amended Claims 17-19, 21, 26-28, 33, 36, 39 and 41-44:

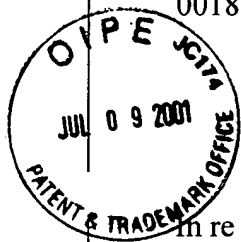
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail  
in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on

July 3, 2001  
Date of Deposit

*William S. Walcott*  
Signature

July 3, 2001  
Date of Signature

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TECHNOLOGY CENTER 310C



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In re Application of:

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 PARAMETRIC GENERATOR FOR SURGERY**

Commissioner for Patents  
 Washington, DC 20231

AMENDMENT TRANSMITTAL

Sir:

1. Transmitted herewith is an Amendment under 37 C.F.R. § 1.111 for the above-identified application and a return post card.

2. The Applicant is a small entity.

3. [ X ] No additional fee is required.

[ ] The additional fee has been calculated as shown below:

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231

Date: July 3, 2001

Name: Kelly Watersdorf

Signature: Kelly S. Watersdorf

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	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Additional Fee
Total*	25	26 =	- 2 x	9.00	\$0.00
Independent Claims	2 -	3 =	- 0 x	40.00	\$0.00
Multiple Dependent Claims**	0			135.00	\$0.00
					Total: \$0.00

\* Includes all independent and single independent claims and all claims referred to in multiple dependent claims. See 37 C.F.R. §1.75(c).

\*\* If claims added by amendment include Multiple Dependent Claims and there were no Multiple Dependent Claims in application before amendment add \$135.00

#### FEE PAYMENT

4. The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, or credit any overpayment to Deposit Account No. 11-0231. **A duplicate copy of this sheet is attached.**

Respectfully submitted,

CUMMINGS & LOCKWOOD

Dated: July 2, 2001



George N. Chaclas, Reg. No. 46,608  
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